

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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8						
9						
10						
11						
12	1					
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
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20		1				
21		1				
22	1					
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29	1					
30		1				
31		1				
32		0				
33						
34						
35						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	14					
TOTAL CLAIMS	21					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY